DEPARTMENT OF THE ARMY U.S. ARMY ENGINEER DISTRICT, ALASKA P.O. BOX 898 ANCHORAGE, AK 99506-0898

Privacy Act: Title 5, U.S. Code, Part 3, Ch. 57: To verify eligibility of travel request. SSN necessary to pay per diem, subsistence or other expenses. <u>Age</u> necessary for eligibility for travel and purchasing of tickets for transportation.

NAI	ME:S	SN:	DATE:		
ТО:	Personnel Office				
1.	In accordance with Joint Travel Regulation, Volume 11,	request:			
	a. A new Transportation Agreement (Renewal Agreement (if period is after 30 months but less than 36 months of i but less than 24 months on other renewal travel, attach a for early travel.)	nitial renewal, or 22 months		()
	b. Separation transportation.			()
	c. Transportation Agreement to (first) (new) duty stati	on.		()
	d. Shipment of Household effects only.			()
	e. Shipment of Privately Owned Automobile (to) (from (Applicable: Permanent change of station to/from CONU may not be shipped at Government expense. Can only slif previously shipped to overseas area.	JS) Leased vehicles		(
2.	Date desired to start travel:		· · · · · · · · · · · · · · · · · · ·		
3.	Number of hours leave:Approved SF 71 attached:	Date returning to duty:			
4.	Destination, mode, and/or dates desired for dependents	o start travel from and/or to Alaska if diffe	rent from sponsor:		
5.	Mode of travel desired:				
	a. FROM ALASKA TO CONTINENTAL UNITED S	TATES: Private auto () Air ()	Ferry ()		
	b. WITHIN CONTINENTAL UNITED STATES: Tra (mode between points if more than one mode desired)	ain/Bus () POV () Air	() Ferry ()		
	Mode:	Between:			
	Mode:	Between:			
	Mode:	Between:			
	c. TO ALASKA FROM CONTINENTAL UNITED S PLACE OF ACTUAL RESIDENCE:	TATES: Private Auto () Air () Ferry ()		
	CITY & ST	ATE			

6.	Point to which travel is requested:						
	ALTERNATE LOCATION:						
		CITY & STAT	E (cannot be a forei	gn country)			
7.	Advance desired (PCS only)		Yes()			
8.	All dependents whether concurrent or delayed trave children, unmarried and under 21 years of age or ph parents. Dependents must be permanent members o dates of birth of dependent children and relationship	sysically or mentally incapable of s f the sponsor's household and depe	self-support regardle	ess of age, or dependent nsor for a home.) Please gi			
	Full names and initials:						
9.	Request allowance for expenses incurred in connect PCS, first duty station, renewal travel, or separation	ion with Real Estate transactions a	nd un-expired lease.	(not authorized for foreig			
10.	Location of Home:						
	CITY & STATE						
11.	a. Requestpound	s household effects.	Yes(
	b. Present location of household goods:						
	c. Request non-temporary storage of household		Yes(
	d. Request household effects to be retained in						
	until(Not to exceed 90 days.) (DF justifying this must be forwarded to Personnel Office for the Commander's approval).						
	e. Request temporary storage of household effe	ects. At (origin) (destination) (limi	ted to 90 days.)				
	f. Request mileage for more than one POV. Authorization attached. (Consult Personnel Office for Authorization)						
12.	My (wife) (husband): (is) (is not) employed by a Fe	deral Agency in Alaska.					
	a. Name of employing office:						
	b. If so employed, has written election has been Federal Agency to be considered as dependent	n filed with the employing ent for Government travel entitlem	No/Ye	S			
NA	ME:	SSN:	DATE:				
13.	Applicable to overseas (foreign) travel only.						
	a. Passport Number:						
	b. Immunization Certificate Number:						
14	EMPLOYEE SIGNATURE:						
	HOME ADDRESS:	HOME P	HONE:				

POA FL 12 12 June 1998

PCS ONLY								
POINT OF HIRE:								
APPROVED:	DATE:	APPROVED:	DATE:					
Immediate Supervisor - Signed Name, Title Branch or Section (Printed)		Division Chief - Signed Name, Title Branch or Section (Printed)						
EMPLOYEE IS ELIGIBLE FO	OR SEPARATION ON: _							